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November 8, 2017

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

Re: Notice of *Ex Parte* in WC Docket No. 02-60

Madam Secretary:

In accordance with Section 1.1206 of the Commission's rules, 47 C.F.R. § 1.1206, we hereby provide notice of an oral *ex parte* presentation in connection with the above-captioned proceeding. On Wednesday, November 1, 2017, Brian Thibeau, President of the New England Telehealth Consortium (NETC), Jim Rogers and Trevor Gordon of HealthConnect Networks, and undersigned counsel, met separately with Jay Schwarz, Legal Advisor to Chairman Pai, Travis Litman, Legal Advisor to Commissioner Rosenworcel, Jamie Susskind, Chief of Staff for Commissioner Carr, Amy Bender, Legal Advisor to Commissioner O'Rielly, and Claude Aiken, Legal Advisor to Commissioner Clyburn. We also met with the following individuals in the Wireline Competition Bureau: Radhika Karmarkar, Deputy Division Chief, Telecommunications Access Policy Division (TAPD), and legal advisors Regina Brown, Dana Bradford, Soumitra Das, Beth McCarthy, and Carol Pomponio.

The purpose of our meetings was to review NETC's success in utilizing Rural Health Care (RHC) pilot program funding to meet Commission objectives and address the needs of communities across New England for increased access to both broadband and health care. We noted NETC's growth in New England and successful efforts to leverage NETC's substantial expertise with consortium operations to establish consortia outside of New England. We discussed the fact that health care providers of all sizes that participate in NETC are seeing explosive growth in their needs for greater bandwidth – averaging 33% per year in some cases.[1]

[1] As NETC explained recently: "Since 2010, NETC has seen a dramatic increase in bandwidth requirements due to the growing demand of Telehealth application use among our health care providers. NETC has seen a 328% growth in

As examples of how broadband-enabled care models are driving the rapid growth in bandwidth demand, we noted a health care provider with 1.5 Mbps T1 connection on Block Island, Rhode Island that now needs a 10 Mbps connection to effectively utilize a cloud-based electronic health records (EHR) system. The health care provider is being forced to migrate to a cloud-based EHR system because their current EHR current system has reached end-of-life and is no longer being supported by their EHR vendor. Another example is Maine Seacoast Mission, providing telemedicine services to isolated communities on several seacoast islands. High-definition video, which is rapidly becoming a standard of care for video consults, requires a minimum 3 Mbps connection with minimum quality of service (QOS) guarantees for latency and jitter. QOS connectivity is critical for broadband-enabled telemedicine and is one of the principle benefits of having access to the NETC network.

Picture archiving and communication systems (PACS) are also driving growth in bandwidth demand. PACS are used for care that is dependent on the imagery associated with CT scans, MRIs, X-rays, and echocardiograms,[2] for example. As these applications become more advanced, the imagery becomes richer and more data intensive, with two-dimensional image "slices" often combined to create dynamic three-dimensional models. As a specific example, Eastern Maine Health Care System (EMHS), a tertiary hospital in Bangor, Maine uses NETC to provide PACS to 10 rural hospital systems in Maine such as Mayo in Dover-Foxcroft, Mount Desert Hospital in Bar Harbor, and Northern Maine Medical Center in Fort Kent Maine. Traffic on the EMHS NETC circuit exceeds 5 TeraBytes of PACS transmissions per day with demand regularly increasing.

Finally, we noted that NETC is a signatory to the letter recently sent by the Schools, Health & Libraries Broadband (SHLB) Coalition asking Congress to support the FCC in increasing the funding cap for the RHC program. To help ensure limited RHC funding is used efficiently, we discussed the importance of guarding against waste or abuse of program funding. For example, we questioned whether the 2012 HCF Order reflected an intention on the part of the Commission to ensure that non-rural health care providers

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installed bandwidth across the NETC network over the past six years. The average bandwidth per site has grown 550% from 20Mb to 130Mb. The median bandwidth has grown 500% from 5Mb to 30Mb. Over the past year, the bandwidth growth of the NETC network has accelerated significantly. Our projections show our health care provider bandwidth growth to exceed 1 Gigabit per month across the network. . . . As healthcare becomes more and more dependent on digital data delivered over private and public networks, we expect bandwidth demands from our participating sites to continue to grow dramatically." *See* Comments of NETC to the FCC Connect2Health Task Force, GN Docket No. 16-46, available at https://ecfsapi.fcc.gov/file/10525249086277/NETC%20comments%20to%20FCC%20Connect2Health%20public%20notice%20 FINAL.pdf.

[2] Echocardiograms are two- and three-dimensional images of the heart produced by ultrasound.

participating in a majority rural consortium have some minimum connection – either regional or direct (in the form of a consultative relationship) – to the consortium.[3]

Sincerely,

Jeffrey A. Mitchell
Counsel to New England Telehealth Consortium

[3] *See* Rural Health Care Support Mechanism, 27 FCC Rcd 16678, 16708, ¶ 64 (2012) ("*HCF Order*") ("To protect against larger HCPs in non-rural areas joining the program merely to obtain support for pre-existing connections, we require consortium applicants to describe in their applications the goals and objectives of the proposed network and their strategy for aggregating HCP needs, and to use program support for the described purposes.") (citation omitted).